

2-11-00

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 41M | 596 | 12/08/00 |
| RESPONSE FORMALITY REVIEW | MD | JC 205 | 04/17/01 |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 101 | |
| 102 | |
| 103 | |
| 104 | |
| 105 | |
| 106 | |
| 107 | |
| 108 | ✓ |
| 109 | ✓ |
| 110 | 0 |
| 111 | 0 |
| 112 | ✓ |
| 113 | |
| 114 | |
| 115 | |
| 116 | |
| 117 | |
| 118 | 0 |
| 119 | 0 |
| 120 | |
| 121 | ✓ |
| 122 | |
| 123 | ✓ |
| 124 | 0 |
| 125 | ✓ |
| 126 | |
| 127 | |
| 128 | |
| 129 | |
| 130 | |
| 131 | |
| 132 | |
| 133 | 0 |
| 134 | 0 |
| 135 | ✓ |
| 136 | |
| 137 | |
| 138 | 0 |
| 139 | 0 |
| 140 | ✓ |
| 141 | |
| 142 | |
| 143 | |
| 144 | |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)